NORTHWEST ASTHMA & ALLERGY CENTER

ORAL FOOD CHALLENGE CONSENT FORM

What is an oral food challenge?
An oral food challenge involves eating a serving size of an allergenic food in a slow, graded fashion over several hours under close medical supervision. It is considered the "gold standard" and can help to confirm that a food allergy exists or to determine if a previously diagnosed food allergy has resolved. The decision to proceed with an oral food challenge is complex and is influenced by medical history, the patient's age, skin prick testing, lab testing, and assessment by your allergist.

Possible risks

While the benefit of an oral food challenge has the potential to liberalize your or your child's diet, there is **always** the risk of an allergic reaction. Symptoms include itching, rash, hives, lip/tongue/throat swelling, chest pain or tightness, shortness of breath, wheezing, abdominal pain, nausea, vomiting, diarrhea, palpitations, dizziness, confusion, anaphylaxis, and death.

Treatment for allergic reactions may involve the administration of antihistamines, epinephrine, and/or corticosteroids, observation for up to several hours, a visit to an emergency department, or admission to the hospital.

Alternatives to an oral food challenge are to continue strictly avoiding the food from the diet.

I give my informed consent for *me / my child* **(circle)** to undergo an oral food challenge to:

_____.

The purpose, risks, benefits, and alternatives of an oral food challenge procedure have been explained to my satisfaction. I understand that there is **always** a possibility of reacting to a particular food. I also understand that, as with every procedure, there is a possibility of unexpected complications. I authorize the doctors and staff of NW Asthma & Allergy Center to treat *me / my child* **(circle)** should an allergic reaction occur.

Patient's Name	Date of Birth
Patient Signature	Date
Responsible Party/Guarantor Printed Name ☐ same as above	Relationship to Patient
Responsible Party/Guarantor Signature	Date
Healthcare Provider's Signature	Date